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Notice of Intent (NOI) for Stormwater Discharges from  
Large and Small Construction Activities,  
NPDES General Permit SCR100000

SEP 4 2007

Office of OCRM  
CHARLESTON OFFICE

For official use only

File number: 10-0209-01

Permit number: SCR10 4228

Submission package complete: 9-7-07

Public Notice Start Date (OCRM only): 9-14-07

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 4.

Date: 08 / 02 / 2007

Project/ Site Name: Arco Lane Flex Warehouse County: Charleston

Do you want this project to be considered for the Expedited Permitting Program (EPP)? ☐ Yes ☒ No (See instructions.)

I. Project Information

Project Owner/ Operator (Company or person): High Tide Partners, LLC & the Estate of J. Palmer Gaillard, Jr

Permit Contact (if owner is company): Miles Martschink Company EIN: [REDACTED]

Mailing Address: 2655 Evatt Lane, Suite 107 City: Charleston State: SC Zip: 29417

Phone: (Day) 843 - 414 - 4078 (Mobile) 843 - 870 - 5850 (Fax) 843 - 414 - 4079

Email address (optional): miles@cctre.com

II. Property Information

A. Site Location (street address, nearest intersection, etc.): Arco Lane  
City/ Town (if in limits): North Charleston Latitude: 32° 52' 00" N Longitude: -80° 00' 30" W  
Tax map # (list all): 409-11-00-019

B. Property Owner (if different from section I above):  
Mailing Address: City: State: Zip:  
Phone: (Day)

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 1.6 Total area: 2.5

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No  
If yes, what is the previous state permit number? Previous NPDES number: SCR10  
LCP/ Overall Development Name:

C. Start Date (MM/DD/YYYY): 10 / 01 / 2007 Completion Date: 10 / 01 / 2008

D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation.

E. Type of Activity (check all that apply):

☒ Commercial ☐ Residential: Single-family ☐ Linear (Roads, utility lines, etc.) ☐ Other:  
☐ Institutional ☐ Residential: Multi-family ☐ Site Preparation (No new impervious)

F. Are there any flooding problems downstream or adjacent to this site? ☐ Yes ☒ No

G. Is this NOI being submitted in response to a Notice to Comply issued by S.C. DHEC? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No

If yes, list the MS4 operator or urbanized area name.

IV. Waterbody Information

A. Nearest receiving waterbody(s): unnamed waterbody Distance to this waterbody (feet): 380  
Next/Nearest named receiving waterbody(s): Ashley River

B. Wetlands/ Waters of the State

	On the site?	If yes, delineated/identified?	Impacts?	Amount of impacts
1. Waters of the U.S./ State	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	.9 Ac Feet
a. Perennial stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ac Feet
b. Intermittent stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ac Feet
c. Ephemeral stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ac Feet
d. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ac Feet
e. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	.9 Ac Feet
f. Other (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ac Feet

2. If yes for impacts in item B.1, has a USACOE permit been applied for or obtained for those impacts?

☐ Yes ☐ No ☒ N/A If yes, list the permit/ application number.

### C. Impaired Waterbodies

Do stormwater (SW) discharges from the site drain to a watershed that drains to a DHEC WQ monitoring site (WQMS). . .

1. Listed on the most current 303(d) List for Impaired Waters? ☐ Yes ☒ No
  - a. If yes for (1), is there an unimpaired WQMS between your site and the impaired WQMS? ☐ Yes ☐ No
  - b. If no for (a), list the waterbody. \_\_\_\_\_ List the impairment(s). \_\_\_\_\_
  - c. Will construction SW discharges from your site contain the pollutant(s) of impairment? ☐ Yes ☐ No
  - d. If yes for (c), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No
2. For which a TMDL(s) has been developed? ☐ Yes ☒ No
  - a. If yes for (2), list the waterbody. \_\_\_\_\_ List the impairment(s). \_\_\_\_\_
  - b. Has the standard been attained for the impairment(s)? ☐ Yes ☐ No
  - c. If no for (b), will construction SW discharges from your site contain the pollutant of impairment?  
☐ Yes ☐ No
  - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)?  
☐ Yes ☐ No
  - e. If no for (d), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No

- D. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No If yes, list the SCNW: \_\_\_\_\_  
Will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No  
If yes, then describe activity (e.g., road crossing, sub aqueous utility line). \_\_\_\_\_  
Has an SCNW permit been issued for this site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No  
If yes, list permit number and corresponding activities. \_\_\_\_\_

### V. Operator Information

- A. SWPPP Preparer: Malcolm W. Utsey S.C. Registration #: 21961  
Company/ Firm: Thomas and Hutton Engineering Co S.C. COA #: 0285  
Mailing Address: 935 Houston Northcutt BLVD. City: Charleston State: SC Zip: 29465  
Phone: (Day) 843 - 849 - 0200 (Mobile) \_\_\_\_\_ (Fax) 843 - 849 - 0203  
Email address (optional): \_\_\_\_\_
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): unknown  
Site Contact (if ODSA is company): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Day) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

### VI. Signatures and Certifications

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)  
Please check one. ☒ Engineer ☐ Tier B Land Surveyor ☐ Landscape Architect

Malcolm W. Utsey

Printed name of SWPPP Preparer



Signature of SWPPP Preparer

21961

S.C. Registration #

- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Miles Martschink

Printed name of Project Owner/Operator



Signature of Project Owner/ Operator

Owner/Operator

Title/ Position

**NPDES CGP Fee Schedule B****(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)**

Please print or type. Do not send payment in window envelope. DO NOT MAIL CASH. This schedule should be attached to DHEC Form 2617. The Department will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received.

1. Is this project located within ½ mile of a receiving waterbody? ☒ Yes ☐ No

If yes, proceed to item 2. If no, proceed to item 3.

2. Will this project or LCP ultimately disturb more than 0.5 acre? ☒ Yes ☐ No

\$ 125 .00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then submission of an NOI for NPDES coverage under SCR100000 is not required.

b. Review Fees

\$ 250 .00

If this project is owned by S.C. Department of Transportation, then review fees are not initially required\*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required\*\*. Proceed to item 4. Otherwise, enter review fees of \$100/ disturbed acre (see item III.A of the application) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.

3. Will this project or LCP ultimately disturb 1 or more acres? ☐ Yes ☐ No

\$ \_\_\_\_\_ .00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then coverage under SCR100000 is not required.

b. Will this project or LCP ultimately disturb more than 2 acres? ☐ Yes ☐ No

\$ \_\_\_\_\_ .00

If no, then review fees are not initially required\*\*. Proceed to item 4.

If this project is owned by S.C. Department of Transportation, then review fees are not initially required\*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required\*\*. Proceed to item 4. Otherwise, if yes, enter review fees of \$100/ disturbed acre (from item III.A of the application) in right-hand column. The review fees cannot exceed \$2000.

\$ 375 .00

**4. Total Required Fees**

Add the values in the right-hand column. Maximum required fees are **\$2125**. The Department will not review this project until all required fees are received.

\* If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 10 business days of receipt of the complete NOI and request review fees.

\*\* If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

**Payment by Check:**

If paying by check, fill out information and attach check below. Make sure check is signed and is not past its presentment date. Make sure the check is for the entire amount of required fees.

**STAPLE CHECK HERE**

Make check payable to: S.C. DHEC.

**Payment by Credit Card:**

If paying by credit card, fill out information. Make sure that the authorized signature is complete.

Name as it appears on Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

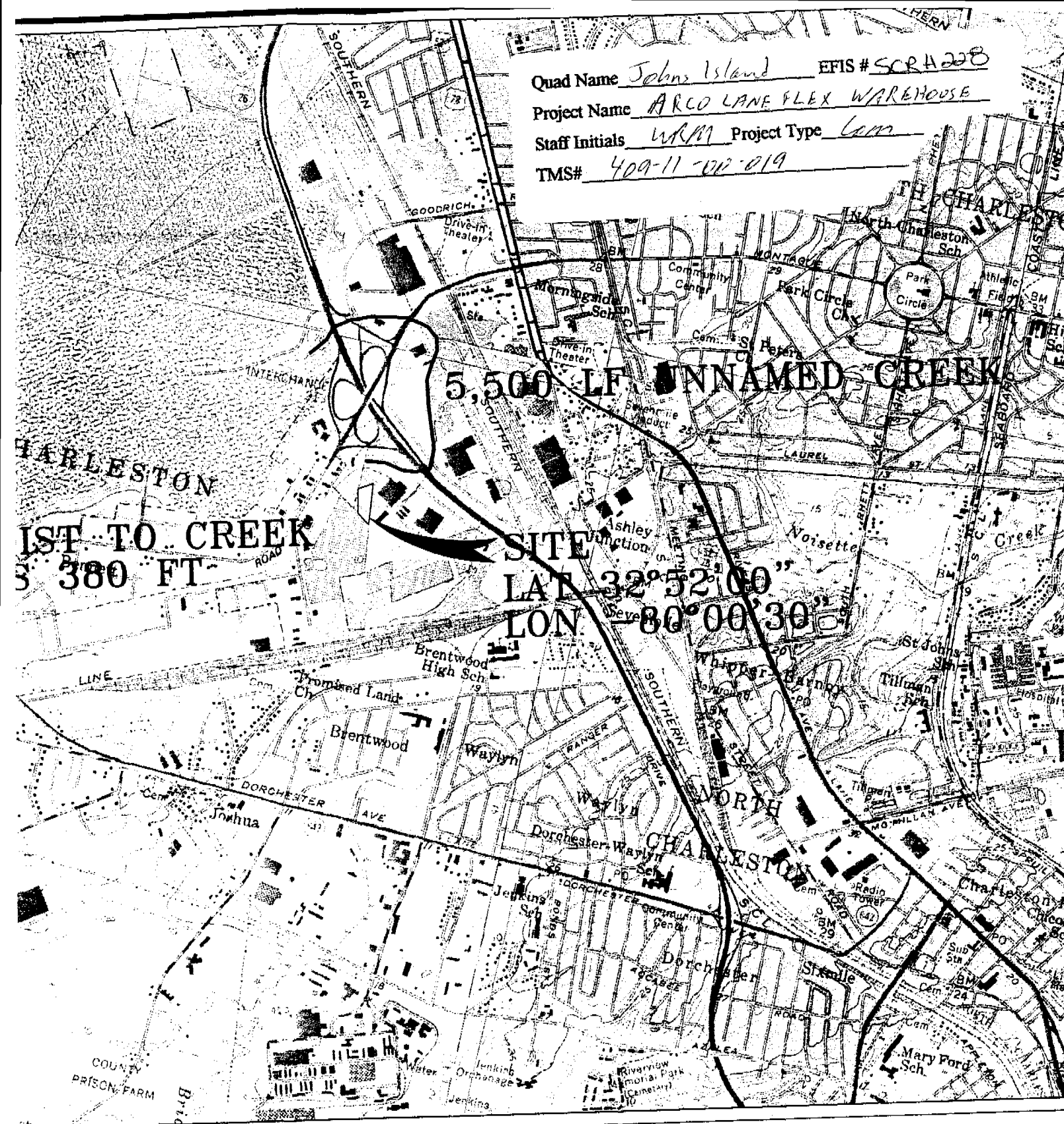
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover Credit Card Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

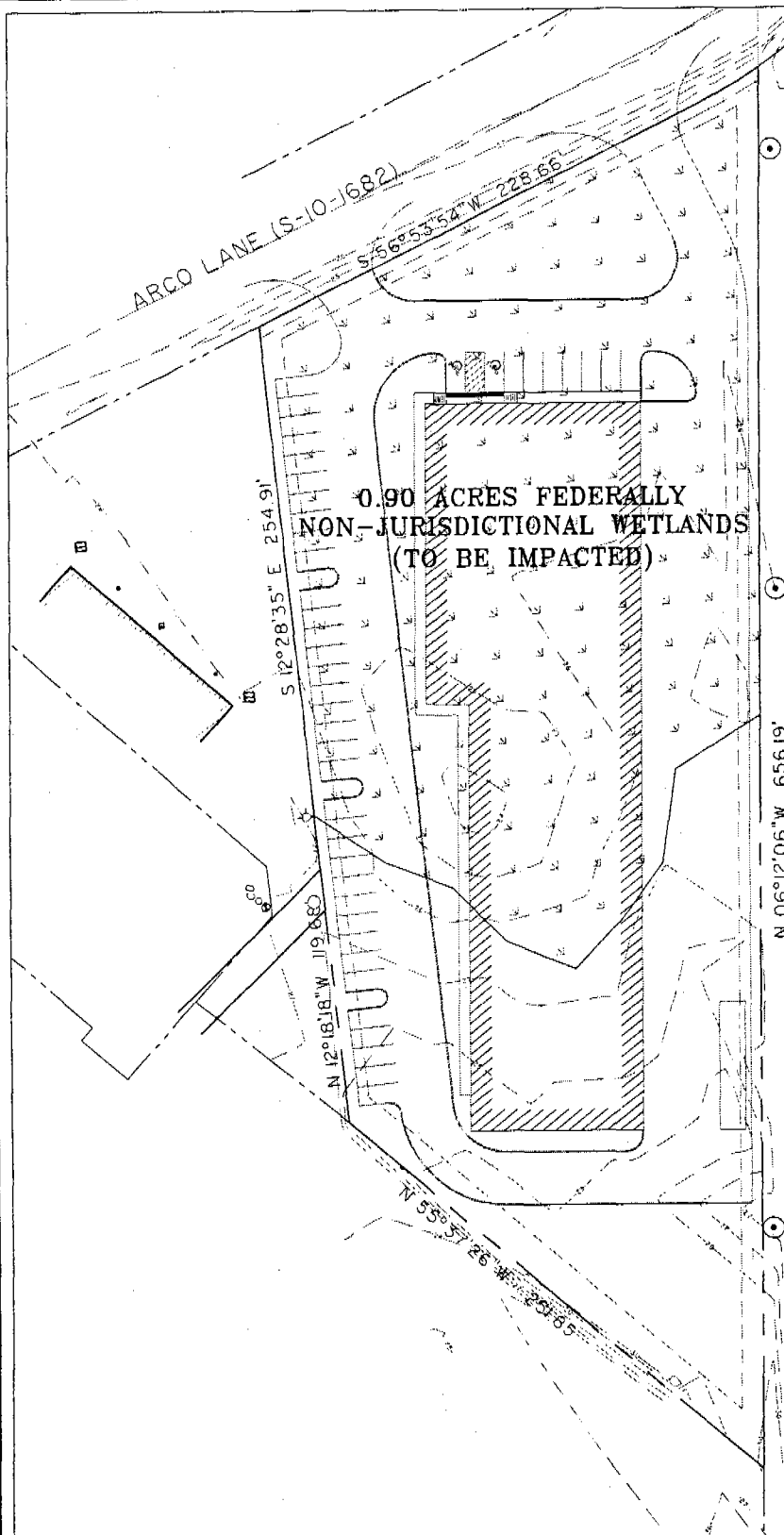
**For official use only:** Invoice Numbers YE \_\_\_\_\_ YA \_\_\_\_\_ ZV \_\_\_\_\_ ZT \_\_\_\_\_

Quad Name Johns Island EFIS # SCR4208  
Project Name ARCO LANE FLEX WAREHOUSE  
Staff Initials WRM Project Type Comm  
TMS# 409-11-00-019



*ARCO LANE*  
QUADRANGLE MAP

JULY 31, 2007

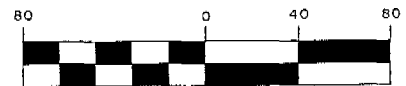


○ SITE AREA: 2.48 ACRES

HIGHLAND: 1.58 ACRES  
WETLANDS: 0.90 ACRES

THIS PROJECT IS PROPOSED TO IMPACT 0.90 ACRES OF FEDERALLY NON-JURISDICTIONAL WETLANDS. THESE PROPOSED IMPACTS REQUIRE APPROVAL UNDER THE SCCZM PROGRAM. THE PLAN WILL FILL 0.90 ACRES FOR A TOTAL IMPACT OF 0.90 ACRES. MITIGATION WILL NOT BE PROVIDED FOR THESE PROPOSED IMPACTS.

# GRAPHIC SCALE



( IN FEET )

1 inch = 80 ft.

**ARCO LANE**  
TMS# 409-11-00-019  
WETLAND IMPACT EXHIBIT

09/06/07



THOMAS & HUTTON ENGINEERING CO.  
935 HOUSTON NORTH CUTT BLVD, SUITE 100  
MOUNT PLEASANT S.C. 29465  
(843) 649-0200